

## REGISTRATION INFORMATION

An Introduction to ArcGIS for Emergency Managers and Applications of HAZUS-MH for Flood Modeling

**March 14 - 17, 2006**

**MADISON, WI**

Please complete the information below and return (via mail, fax or email) no later than Feb. 27<sup>th</sup> 2006 to:  
**Kent MacLaughlin** [kent.maclaughlin@dma.state.wi.us](mailto:kent.maclaughlin@dma.state.wi.us) or **Shane Hubbard** [shane.hubbard@dma.state.wi.us](mailto:shane.hubbard@dma.state.wi.us)

**Wisconsin Emergency Management  
2400 Wright Street, Madison WI 53707  
Fax 608-242-3248**

*(Please fill out online and email or print clearly)*

NAME \_\_\_\_\_

TITLE \_\_\_\_\_ AGENCY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ (MUST BE PROVIDED TO REGISTER)

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

E-MAIL \_\_\_\_\_

*State Privacy Provision*

*Authorization: WI Stats 166.03 and E.O. 9397.*

*Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) WI Stats, the personal information you provide may be used for purposes other than for which it was collected*

## LODGING INFORMATION

I live within 50 miles and do not need a room

I live over 50 miles away; please reserve a room(s) for the following nights

(Please check the appropriate nights)

Monday, March 13, 2006

Tuesday March14, 2006

Wednesday March 15, 2006

Thursday March16, 2006

Smoking

No smoking

Do you require any special accommodations for a physical disability? \_\_\_\_\_

\_\_\_\_\_